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TO: U.S. Patent and Trademark Office  
Examiner: Steven Ho Yin Loke  
Art Unit: 2811

DATE: November 10, 2003

FROM: Dariusz G. Adli  
Voice: (213) 337-6809, Fax: (213) 337-6701  
deadli@hhlaw.com

TIME: \_\_\_\_\_

TOTAL NO. OF PAGES, INCLUDING COVER: 9

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#### MESSAGE:

Patent Application No.: 10/072,316; Our Ref. 81751.0029

I hereby certify that the following documents:

- ☒ Amendment Under 37 C.F.R. § 1.116
- ☒ Amendment Transmittal

are being facsimile transmitted to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, for filing in the above application.

November 10, 2003  
Date of Deposit

  
Diane Zynn

TELECOPY/FAX NUMBER: 703-872-9319

CLIENT NUMBER: 81751.0029

ATTORNEY BILLING NUMBER: 5214

CONFIRMATION NUMBER: 703-308-4920 (return fax to Diane Zynn)

LA - 81751/0029 - 186089 v1

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FORM PTO-1083

Attorney Docket No. 81751.0029  
Patent Application No. 10/072,316

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Junichi KARASAWA et al.

Serial No: 10/072,316

Filed: February 8, 2002

For: SEMICONDUCTOR DEVICE HAVING A PROTRUDED  
ACTIVE REGION, MEMORY SYSTEM HAVING THE  
SAME, AND ELECTRONIC APPARATUS HAVING  
THE SAME (AS AMENDED)

Art Unit: 2811

Examiner: Steven Ho Yin Loke

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November 10, 2003

Date of Deposit

Diane Zynn

Name  
*Diane Zynn* 11/10/03  
Signature Date

Mail Stop Non-Fee Amendment

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR		(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	45	-	48	**	0	LG=\$18 SM=\$9	\$0
INDEPENDENT CLAIMS FEE	1	-	3	***	0	LG=\$86 SM=\$42	\$0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS						LARGE ENTITY FEE = \$280 SMALL ENTITY FEE = \$140	\$0
Independent Claims: 1, 18						TOTAL	\$0

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ A check in the amount of \$ 0 to cover the additional claims fee is enclosed. A copy of this sheet is enclosed.
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- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,  
HOGAN & HARTSON L.L.P.

By:

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Attorney for Applicant(s)

Date: November 10, 2003

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